

Office of Senator Jeff Sessions Application for Internship
Please complete and return by February 4 to:
Senator Jeff Sessions
Intern Program
United States Senate
335 Russell Building
Washington, DC 20510

Full Name: _____ Age: _____

Date of Birth: _____ Social Security Number: _____

Permanent Address: _____

Home Telephone: _____

Current Address: _____

Current Telephone: _____ E-mail Address: _____

College or University Attending: _____

Current Academic Status (Fr, Soph, Jr, Sr): _____

Academic Major: _____ GPA: _____

Advisor's name and daytime telephone: _____

Do you seek academic credit for this internship? (If yes, no stipend will be received): _____

Desired Summer Internship Sessions: (please indicate 1st, 2nd, and 3rd choice)

_____ May 16 – June 10

_____ June 13 – July 8

_____ July 11 – August 5

Are you applying with any other Congressional Offices (House or Senate), or with an agency for an

internship? If so please specify: _____

Parents/Guardian: (Please list the first names of both parents if applicable)

Father's name and address: _____

Occupation: _____ Daytime phone: _____

Mother's name and address: _____

Occupation: _____ Daytime phone: _____

List any specific areas of the Senate or government that you would like to give major attention to during your internship: _____

Activities and Honors: _____
